U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Nun	mber <b>U</b> - [43]			2. Fisca	I Year Covered From:		
	,				1 / 1 / 2004 Through	n: 12 / 31	2004
3. Name a	and address of person filin	ıg.		4. Nam	e, file number, and address of labor or	ganization.	
Name S	5. Perry	How	/ard	Name	Plumbers & Pipefitters	Local 421	
				Labo	r Organization File Number	3A	
P.O. Box	, Bldg., Room No., if any			P.O.	Box, Building and Room Number, if ar	ny ************************************	
Street	2556 Oscar Johnso	on Rd.		Stree	2556 Oscar Johnson Rd.		
City N	. Charleston	aransistanian and anticoloristanian anticoloristania		City	N. Charleston	***************************************	
State S	outh Carolina		ZIP Code + 4 29405	State	South Carolina	ZIP Code + 4	29405
	in labor organization.	usines:	s Manager	20000000000000000000000000000000000000	1199009119991999199199199199199199199199	***************************************	***************************************
·	appropriate data below If, o	during the	past fiscal year, you or yo	our spouse or mi	nor child directly or indirectly had any	of the following in	nterests
Enter a	n interest in, engaged in	n transac er whos	(except as specified in the tions (including loans) w e employees your orga	ne exclusions set with, or derived in anization repre	nor child directly or indirectly had any forth in the instructions):  ncome or other economic benefit o sents or is actively seeking to repreture of Interest, Transaction, or Income	f esent.	nterests
Enter a	n interest in, engaged in value <b>from an employ</b> end address of Employer (in	n transac er whos	(except as specified in the tions (including loans) w e employees your orga	ne exclusions set with, or derived in anization repre	forth in the instructions):  ncome or other economic benefit o sents or is actively seeking to repr	f esent.	nterests
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Name of Person Filing S. Perry Howard	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Local Union 421 Fringe Benefit Funds	grandom g	
Trade Name, if any:	a. Labor Organization    b. Trust	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 2556 Oscar Johnson Rd.	C. Employer	
City N. Charleston		
State South Carolina ZIP Code + 4 29405		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Fund Trustee	- ·
Trade Name, if any:		**************************************
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	Approximate dollar value of such dealing.     Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
	17.2 Nature of interest bein of income received	
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State ZIP Code + 4	Reimbursed expenses (see attached	)
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	Reimbursed expenses (see attached	
	Reimbursed expenses (see attached	
	Reimbursed expenses (see attached TRUSTEE MTG-, H4W, PENSION DATC- LABOR MGT- ARMUNT	<b>7</b>
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	Reimbursed expenses (see attached TRUSTEE MTG-, H4W, PENSION DATC- LABOR MGT- ARRUNG 12.b. Amount.	<b>7</b>
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	Reimbursed expenses (see attached TRUSTEE MTG-, H4W, PENSION DATC- LABOR MGT- ARRUNG 12.b. Amount.	<b>7</b>
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S. Perry Howard, Business Manager Schedule of Reimbursed Expenses For the Year Ended December 31, 2004

Рауее	7	Amount	Purpose	
Southeastern Pipetrades Health & Welfare Fund c/o Southern Benefit Administors P. O. Box 1449 Goodlettesville, TN 37070-1449	↔	3,079.11	Reimbursement of expenses incurred to attend meetings	
Plumbers & Pipefitters Local Union 421 Health & Welfare Fund c/o Core Management Resources P.O. BOX 1755 Macon, GA 31202	₩	8,141.89	Reimbursement of expenses incurred to attend meetings	
Plumbers & Pipefitters of the Carolinas Annuity/Pension Fund c/o Administrative Services, Inc. 2187 Northlake Parkway Suite 106, Bldg. 9 Tucker (Atlanta), GA 30084	↔	3,267.57	Reimbursement of expenses incurred to attend meetings	
Plumbers & Pipefitters Local Union 421 Pension Fund c/o Core Management Resources P.O. BOX 1755 Macon, GA 31202	₩	1,918.09	Reimbursement of expenses incurred to attend meetings	
Plumbers & Pipefitters Local Union 421 Apprentice Training Fund c/o Core Management Resources P.O. BOX 1755 Macon, GA 31202	↔	2,992.75	Reimbursement of expenses incurred to attend meetings	
Plumbers & Pipefitters Local Union 421 Labor Management Fund c/o Core Management Resources P.O. BOX 1755 Macon, GA 31202	<del>⇔</del>	1,828.12	Reimbursement of expenses incurred to attend meetings	
Total	S	\$ 21,227.53		